



MICHIGAN HEALTH & HOSPITAL ASSOCIATION

*Advocating for hospitals and the patients they serve.*

TO: Members of the Senate Health Policy Committee

FROM: Chris Mitchell, Director, Government Relations

DATE: May 24, 2011

SUBJECT: Rural Hospitals Patient Choice Act – House Bills 4441-4443

**MHA Position: SUPPORT**

The Michigan Health & Hospital Association (MHA) supports the H-5 substitute of House Bill (HB) 4441 sponsored by Representative Frank Foster (R-Pellston) and the H-1 substitutes of HB 4442-4443 sponsored by Representatives Gail Haines (R-Waterford) and Paul Muxlow (R-Brown City), respectively. Together these bills create the Rural Hospitals Patient Choice Act and regulate the use of swing-beds in the state. The swing bed program is a federally approved program for small rural hospitals. "Swing-bed" refers to the use of hospital beds for either acute or skilled (long-term) nursing care. Hospitals with 100 beds or less are allotted a maximum of 10 swing-beds in their facility. There are currently 290 licensed swing-beds in 30 hospitals in the state.

Michigan and federal law are not aligned on swing-bed regulation. Under current Michigan law, a patient utilizing a swing bed must be moved to a nursing home bed within 5 days. The nursing home can be within a 50 mile radius of the facility the patient's home. This abrupt change in care can be inconvenient to both patients and their families. Under federal law, a patient-stay in a swing-bed can be reimbursed by Medicare for 100 days with no annual cap on the number of days. Swing-bed care has to be deemed clinically necessary by the patient's physician.

**The bills before the committee today represent a compromise between the MHA, the Health Care Association of Michigan and the county medical care facilities. The MHA strongly believes that this new proposal provides for patient choice by moving to the federal cap on individual swing-bed stays.** By doing this, hospital swing-beds can now allow for a smooth transition from acute care to the patients home, eliminating one disruptive transfer altogether. The compromise also keeps intact many state regulations that are currently in place including patient protections and limiting both the number of swing-beds and how much a hospital can use them throughout the year.

The MHA believes the Rural Hospitals Patient Choice Act is good for patient care by allowing hospitals additional flexibility to utilize their swing-bed programs when clinically appropriate for patients. **We urge you to support House Bills 4441-4443 to allow doctors, patients and families decide what the best course of care to get patients healthy and back to their homes.**

Please contact Chris Mitchell ([cmitchell@mha.org](mailto:cmitchell@mha.org)) at (517) 703-8622 at the MHA if you have further questions on this issue.

SPENCER JOHNSON, PRESIDENT

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